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Bib Data Sheet

CONFIRMATION NO. 1191

SERIAL NUMBER 09/855,011	FILING OR 371(c) DATE 05/14/2001 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 00-323 1496.00121
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APPLICANTS

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** CONTINUING DATA ***** *DR* ******* FOREIGN APPLICATIONS ***** *DR* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 16	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>DR</i> Initials			

ADDRESS

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TITLE

VIDEO HORIZONTAL AND VERTICAL VARIABLE SCALING FILTER

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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